

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/573 147** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	/	/	/	/	/	/	
1	/		/				
2		/	/				
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5	4		/				
6	5		/				
7	5		/				
8	5		/				
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11	5		/				
12	5		/				
13	5		/				
14	5		/				
15	5		/				
16	5		/				
17	5		/				
18	1		1				
19		1					
20	2						
21	2						
22	2						
23	2						
24	2		1				
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TOTAL IND.			↓	3	↓		↓
TOTAL DEP.			←	27	←		←
TOTAL CLAIMS			30				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS			30				